Community Service Network 7 Meeting
DHHS Offices, Biddeford
October 11, 2007

Approved Minutes

Members Present:

- Jennifer Goodwin, CSI
- Lois Jones, CSI
- W C Martin, Common Connection Club & TPG
- Mark Jackson, Harmony Center & TPG
- Chris Souther, Shalom House
- Larry Plant, SMMC
- Mary Jane Krebs, Spring Harbor
- Wayne Barter, VOA
- Jen Ouellette, York County Shelters

Members Absent:

- Center for Life Enrichment (vacant)
- Creative Work Systems
- Goodall Hospital (excused)
- Job Placement Services, Inc.
- NAMI-ME Families (excused)
- Saco River Health
- Sweetser
- York Hospital (excused)

Others/Alternates Present: Rita Soulard, SMMC

Staff Present: DHHS/OAMHS: Leticia Huttman, Carlton Lewis, William Nelson. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The August minutes were approved as written.
III. Work Plan Subcommittee Reports	**Hospital/ISP – Standards 5, 18** Jen Goodwin of CSI reported that she and Rita from SMMC met (Mary Jane from Spring Harbor was away on vacation) to work on these issues. To improve CSI's system of conveying the proper information through their crisis program to inpatient units, the subcommittee developed a form which contains key ISP summary data for the 24/7 crisis protocol, and which will also serve as an internal trigger to provide the full ISP document to the hospital on a timely basis. (Since CSI does not have electronic records, it may take 2-3 days for hospital to receive the ISP.) Jennifer distributed the form and asked for feedback from members. This form will go along with CSI's crisis assessment at the time of admission. She also distributed copies of CSI's 24/7 protocol for providing information from their various community support programs to their crisis program. Discussion highlights: • The ISP is a beneficial document for hospital—maybe not during a crisis—but overall understanding of a person and for treatment and discharge. • Spring Harbor is working on "a) are we asking for it, and b) are we receiving it?" • "If hospitals ask and we (CSI) endeavor to send, then we'll be more successful in making sure [it] gets there." **Crisis Services** Jen reported that CSI has been looking closely at crisis data since Sept 1. Though CSI anticipated considerable difficulty meeting the Consent Decree's 30-minute response time requirement, the data showed that the highest average weekly response time during the evaluation period was only 43 minutes. (These weekly averages did include outliers.) Lois Jones said that CSI is continuing to fine-tune the staffing requirements. They've decreased FTE's in response to budget constraints, looking to "respond as economically as possible."

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	• CSI staggers staff to cover crisis as follows: 5-6 during the day, 6-7 evenings, and 2 on overnight with on-call back-up. • Only consistent trends re: volume: 2nd shift is busier and weekends are slower. • CSI crisis supports three hospitals, listed in order of volume: 1) SMMC, 2) Goodall, 3) York. • SMMC reports 1,819 calls for crisis services over the year. • Approximately 70% of crisis seen in ER, 30% community and walk-ins. (Walk-in service available 24/7.) The group discussed the issue of whether/why people are so often seen by crisis in the ER instead of in the community—shelters, residences, etc. • CSI: Crisis personnel may reason that if agency staff can't contain or de-escalate the person, then crisis probably won't be able to either. • VOA: Agree things have escalated if crisis is called—can see how it could help de-escalate, however, if crisis person comes in—different person, different face… • SMMC: Police have only one option—ER. • ER sees many people who don't need hospital level of care. May present as such at first, but after a time show no need for hospitalization. • Common perception that "person will be seen sooner [by crisis] in ER" is not accurate. • Jen (CSI) acknowledged re: York County Shelters that "another piece there does need to be resolved." • CSI may encourage people from PNMI's to come in to their office to be seen in crisis for 2 reasons: 1) they may be seen sooner, 2) the change of scene may help de-escalate. • Generally, people still tend to go to the ER in times of crisis or emergency. Decreasing the numbers being seen at ER: • SMMC has significant number of people who repeatedly present in the ER over the year. Looking at the profiles of these people may indicate what kind of programming needs to be provided. Is there better utilization of services? • Would be very valuable for various providers to be able to discuss cases—need to resolve confidentiality issues, releases, etc. • 30% of people in ER for whom crisis is called are hospitalized—much higher rate than for those dealt with through crisis services directly. Jen reported that she called 20 private practitioners' numbers and found 18 of them directed their clients to call the crisis hotline for after-hours care. She said it would involve a system-wide unified change effort, backed up by the Department, to effect real change. Many, many issues would have to considered in figuring out how to resolve this. **Rep Payee/Transportation** Wayne Barter said that this subcommittee will report next month. Also, more members are welcome to join.
IV. Psychiatric Advance Directives	Leticia Huttman led the discussion on Psychiatric Advance Directives (PADs), encouraging members to review handout of results of research done by Laura Wilder. The research covers what's happening nationally and internationally with PADs and provides a good summary of the many complexities involved, Leticia said. OAMHS has been working with Helen Bailey of the Disabilities Rights Commission in an effort to move forward with PADs, but due to the many complex legal and other issues, agreement has not been reached. In the alternative, OAMHS is planning to proceed as follows:

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	1. Develop and offer a basic training on PADs for consumers and providers, describing what they are and how they differ from Powers of Attorney, crisis plans, WRAP plans, etc. 2. Explore establishing a pilot project in an area of the state where all pertinent parties are interested in being involved in working on this: consumers, families, hospitals, providers, legal. At this point, Leticia said, the Portland area is being considered.
V. Update on Spring Harbor's Gatekeeper Function	Mary Jane distributed a handout of data re: Spring Harbor's gatekeeper function for Riverview admissions from Feb 21 through Aug 31, including disposition of calls and referral sources. Highlights: • Rec'd 214 calls for Riverview admission: 86 admitted to Riverview, 38 admitted to Spring Harbor, 90 withdrawn or treated elsewhere. • 38 people, who would previously gone to Riverview, admitted to Spring Harbor—integrated back into the community much quicker than would have been at Riverview. • Mary Jane has asked S.H. staff to provide data on disposition of the 90 withdrawn or treated elsewhere. **ACTION:** Mary Jane will provide more information on the 90 people at the next meeting, if available. Bill Nelson of Riverview said they are very happy with the relationship with Spring Harbor. The waiting list on the civil side is reduced and they are better able to accommodate who really need Riverview's level of care. The group also discussed the challenges of population served by MMC's P-6 (Medical/Dementia) unit, e.g. nursing homes that sometimes won't take people back.
VI. Other	**Budget Workgroups** Not being directly involved as are some other OAMHS staff, Carlton and Leticia could only report that the initial reports from the budget work groups are due in early November. **BRAP Funding** Chris Souther of Shalom mentioned the critical shortage of BRAP funds. There are only five slots per week, and people being discharged from the hospital receive those. The wait list is currently at 70, and people are not applying due to this huge list. He encouraged members to contact legislators about increasing funding for the BRAP program. **ASO** APS Healthcare (Maine ASO provider) has scheduled meetings to follow upcoming CSN meetings, starting with CSN 6 (Portland) on October 19. The CSN meetings will be shortened and a separate meeting with APS, including children's services and substance abuse services, will begin after the CSN meetings are adjourned. The presentation for CSN 7 will begin at 2:30 pm on Nov. 8 at the DHHS Offices in Biddeford (CSN's usual meeting place.) **Intensive Community Integration (ICI) Service** Lois brought up for discussion her understanding that ICI services are being looked at for elimination. She advocated for continuing what she sees a core service, saying it has served an important purpose in providing a necessary transition level of care between "extremes."
VII. Public Comment	There were no comments from members of the public.

Agenda Item	Presentation, Discussion
VIII. Agenda for Next Meeting	Report from Transportation/Rep Payee work group. Gatekeeper data from Spring Harbor. Update on budget/legislation/budget work groups.